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Testimony Before the Select Committee
on Groundwater Quality and Availability
July 10, 2003

Chairwoman Liu and members of the Committee, my name is David Spath. I am Chief of the Division of Drinking Water and Environmental Management at the Department of Health Services. I am responsible for managing the State's Drinking Water Regulatory Program. That responsibility includes making recommendations to the Director of the Department of Health Services on appropriate standards for contaminants in drinking water.

Drinking water standards are the levels of contaminants that public water systems are required to meet in the drinking water that they provide to their customers. California law mandates that the Department set drinking water standards as close to the corresponding public health goals as is technologically and economically feasible. Public health goals, which are established by the California Environmental Agency's, Office of Environmental Health Hazard Assessment (Office), are levels which are set solely on health risk considerations and do not consider costs or technical

feasibility. The law requires that public health goals be set at a level that, for acutely toxic substances, avoids any known or anticipated adverse effects on public health with an adequate margin of safety and, for carcinogens or substances that may cause chronic disease, at a level that does not pose any significant risk to health. The Office is also required to consider susceptible groups such as immunocompromised individuals, pregnant women and the elderly when setting public health goals.

For example, nitrate, a chemical contaminant associated with nitrogen fertilizer use and septic tanks effluents, causes blue-baby syndrome among infants less than six months of age. Consumption of excessive levels of nitrate over a short period of time can be fatal. As a result nitrate is regulated as an acute toxin.

Similarly, perchlorate, a component of solid rocket fuel, is a chemical contaminant that affects the function of the thyroid gland. The primary concern is the effect of the chemical on infants and young children, and pregnant women and their fetuses. Although the

chemical is not acutely toxic, excessive exposures could, over time, impact neurological development.

In crafting the California Safe Drinking Water Law, the Legislature intended that the public health goal would be the starting point for the Department when determining the most appropriate drinking water standard while acknowledged that in setting a drinking water standard there is a balance that must be reached between the cost to the public and the benefit the public receives in risk reduction. Therefore, the Law requires that the Department consider technological and economic feasibility when setting a drinking water standard for a contaminant.

When considering technological feasibility, the Department must identify treatment technologies that have been demonstrated to be effective in removing the contaminant. Analytical methods must also be available to detect and measure the contaminant in drinking water.

When considering economical feasibility, the Department must consider the cost impact to affected water systems and their

customers including the cost per customer. As a result there are cases where the public health goal and the drinking water standard are at different levels.

For example, the pesticide, dibromochloropropane, a contaminant found in groundwater throughout the Central Valley, is regulated as a carcinogen. The drinking water standard is 0.2 parts per billion, while the public health goal is 0.002 parts per billion. When assessing the economic feasibility of attaining the public health goal, the Department determined that the cost of attaining the goal far outweighed the benefits in cancer risk reduction to affected populations. As a result the Department determined that a standard of 0.2 parts per billion was appropriate to protect the public health while not creating a significant financial burden to the customers of affected water systems.

Although there is no statutory mandate for water systems to comply with public health goals, the Legislature also intended that the public be allowed to make local decisions regarding achieving the public health goal. The law requires public water systems to hold periodic hearings to inform their customers of the cost of complying with public

health goals and respond to public comment. The customers, for example, could then request a referendum on paying for the additional cost of meeting the public health goal or staying with the drinking water standard. The Department, however, is not aware of any instances in which customers have opted to pay additional costs to meet the public health goal.

Madame Chair, that concludes my testimony. I would be willing to respond to questions that you and the members of the committee may have.